State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4331 FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964
New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

November 1, 2012

Richard R. McGreal
Associate Regional Administrator
Centers for Medicare and Medicaid Services
JFK Federal Building, Room 2275
Boston, MA 02203

RE: November Monthly New Hampshire Care Management Update

Dear Mr. McGreal:

In your correspondence of August 24, 2012, approving New Hampshire's §1932(a) Medicaid State Plan amendment, you requested monthly updates commencing October 1, 2012. The updates are to include information regarding:

A) each health plan's network;
B) the readiness of the MMIS to send eligibility to plans and receive encounter data; and
C) the State's readiness to manage the health plans.

This letter is our second monthly report. I hope that if there is information that requires further development, you can provide us feedback for the next report. If there is information in the report that raises concerns, I hope you will reach out to us right away so that we can resolve issues of concern.

A. Each Health Plan's Network

The table below represents network development to date. To avoid confusion we are only populating columns where adequacy has been met based on contract requirements, however, detailed geomapping is available for confirmation purposes. In this way, progress from one monthly report to the next will be more apparent. Where no information is populated, there is not yet progress to report in this format.

New Hampshire MCO Access Monthly Compliance Report - 10/26/12

Counties	Hospital Access	Primary Care Access	Specialty Care Access	Pharmacy Access	Behavioral Health
Belknap County				2 MCO's	
Carroll County				2 MCO's	
Cheshire County				2 MCO's	
Coos County				1 MCO	
Grafton County				2 MCO's	
Hillsborough County				2 MCO's	
Merrimack County				2 MCO's	
Rockingham County				2 MCO's	
Strafford County				2 MCO's	
Sullivan County				2 MCO's	

B. Readiness of the MMIS to Send Eligibility to Plans and Receive Encounter Data

Please refer to the table below for MMIS readiness.

New Hampshire Care Management System Interface Testing Status

Interfaces*	Syntax	Targeted Scenarios #1	Targeted Scenarios #2	Volume	Automated File Exchange
Definitions	**Is the data being received in the correct format.**	Specific scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received, makes sense, and processed correctly.	More complex scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received and processed correctly.	Sending a large volume of records to ensure it can be processed correctly.	Utilizing the Xerox EDI Gateway, files can be uploaded and downloaded through automated processes.
834 Enrollment	3 Successful	3 Successful	In Process	3 Successful	3 Successful
Inbound Enrollment Changes	Not Started				
Outbound Provider	3 Successful	Not Applicable	Not Applicable	In Process	In Process
Inbound Provider Network	3 Successful	3 Successful	In Process		In Process
Outbound Medical Service Authorizations	Not Started				
Inbound Medical Service Authorizations	Not Started				
Outbound Pharmacy Service Authorizations	Not Started				
Inbound Pharmacy Service Authorizations	Not Started				
Outbound Third Party Liability	Not Started				
Inbound Third Party Liability	Not Started				
Outbound Claims	Not Started				
Inbound 837 Encounters	Not Started				

*Outbound files are sent from the MMIS to the MCOs and Inbound files are sent from the MCOs to the MMIS

Comments (optional):
Status as of 10/29/2012

C. The State's Readiness to Manage the Health Plans

To prepare for the implementation of Care Management, New Hampshire's Department of Health and Human Services has been making numerous organizational changes and plans on additional ones in the coming weeks and months.

We have transferred three staff members from across the Department into the Office of Medicaid Business and Policy to serve as 'account managers.' Each plan has an account manager who serves as the plan's liaison to the Department for resolution of questions, submission of documentation, management of milestones and more.

Since the last report, we have transitioned the reporting structure of the account managers from Director of Contracting and Procurement to our Deputy Medicaid Director as the tasks are becoming more and more operational in nature and increasingly touch upon policy, which exists within the Deputy Director's portfolio. We mentioned last month the creation of a new Division of Client Services. This division continues to develop under its new leadership and now includes our disability determination unit, thus centralizing nearly all eligibility functions under one structure.

The account managers and senior management are working together to create a tool for tracking state readiness for the commencement of the program that will compliment the health plan readiness tool. The account managers have already created a number of homegrown scorecards, dashboards and tools for managing a variety of tasks such as a Question and Answer Log of all questions surfaced by the MCOs, a spreadsheet cataloging all the various MCO generated materials and indicating if DHHS approval is required and, if so, who the subject matter experts are who can review and recommend approval (or disapproval) to the Commissioner's Care Management Executive Team, and a tool listing all compliance milestones with the companion stage of approval be it Readiness Review #1, Readiness Review #2, or ongoing – just to name a few.

The account managers meet weekly, either in person or by phone, with their respective plans to check in on progress in various domains, closing open discussion items from the prior week and generating new deliverables for the following week. There are also ad hoc topical meetings that take place with all three MCOs to discuss current state and future state for things such as care coordination, transportation and claims data.

Following the submission of our last report, we were asked to follow up on several points. One request was for definitions on the MMIS status reporting grid. Those have been included in this month's report, please refer to the table in section B of the report for those definitions.

We were also asked to follow up on how the State would ensure that Native Americans would be informed of their special treatment under managed care as described at §1932(a)(2)(C). On our approved §1932(a) State Plan Amendment, we indicated that New Hampshire does not have any federally recognized tribes. However, it was pointed out that we needed a process nonetheless should a bona fide tribal member present in New Hampshire eligible for Medicaid. We have approximately 435 individuals identified in our New HEIGHTS eligibility system as Native American/Native Alaskans eligible for Medicaid. However, this information is flawed in that 1) it is self reported or the eligibility worker's guess; 2) the field is not mandatory for determining eligibility so could under count; 3) because it is an optional field and because no other ethnicities require verification, it is highly likely that none of these individuals have verified their membership in a *federally recognized* tribe; 4) absent verification we believe it highly likely that some of those who self declared are Abenaki, which is not a federally recognized tribe.

Given these complexities and the need for tribal membership to be verified in order for special treatment to be conveyed, we are developing a process by which we hope to notify potential members of this exception to the mandatory enrollment rules, populate this information in our enrollment system, how to process the verifications, and additional training for enrollment staff for Step One of the program implementation. Many of the details are still under consideration at the time of this writing.

Our team is happy to discuss this report and how we can make it most effective. Please do not hesitate to let us know what is needed.

Sincerely,

Nicholas A. Toumpas
Commissioner